

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

RECEIVED and FILED

JAN 30 2013

ANDERSON CITY CLERK

BY *R. Bickel, Deputy*

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hunt Melissa L.

1. Office, Agency, or Court

Agency Name

City of Anderson

Council member

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: SEE ATTACHMENT

Position: _____

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ Multi-County _____

☒ County of Shasta

☒ City of Anderson

☐ Other _____

3. Type of Statement (Check at least one box)

☒ **Annual:** The period covered is January 1, 2012, through December 31, 2012.

☐ **Leaving Office:** Date Left ____/____/_____
(Check one)

-or-

The period covered is ____/____/_____, through December 31, 2012.

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ **Assuming Office:** Date assumed ____/____/_____
and office sought, if different than Part 1: _____

☐ The period covered is ____/____/_____, through the date of leaving office.

☐ **Candidate:** Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ **Schedule A-1 - Investments** – schedule attached

☒ **Schedule C - Income, Loans, & Business Positions** – schedule attached

☐ **Schedule A-2 - Investments** – schedule attached

☒ **Schedule D - Income - Gifts** – schedule attached

☐ **Schedule B - Real Property** – schedule attached

☐ **Schedule E - Income - Gifts - Travel Payments** – schedule attached

-or-

☐ **None - No reportable interests on any schedule**

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

1-29-13
(month, day, year)

Hunt, Melissa L.

Form 700 – 2012

Shasta Regional Transportation Agency

Alternate member

Redding Area Bus Authority

Alternate member

Anderson Public Financing Authority

Member

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Melissa L. Hunt

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Hilltop Estates

ADDRESS (Business Address Acceptable)

451 Hilltop, Redding, CA 96003

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Enrichment Coordinator

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☒ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Edna A. Stanley

ADDRESS (Business Address Acceptable)

451 Hilltop #246, Redding, CA 96003

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

Personal Visual Assistant

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

- ☐ Salary ☐ Spouse's or registered domestic partner's income
☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☒ Other FPPC File No. 12-069
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address
City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Melissa L. Hunt

► NAME OF SOURCE (Not an Acronym)
League of CA Cities

ADDRESS (Business Address Acceptable)
1400 K Street, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community Services Committee

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| 03 / 30 / 12 | \$ 30 | Lunch-Ontario |
| 06 / 15 / 12 | \$ 13 | Lunch-Sacramento |
| ___ / ___ / ___ | \$ _____ | _____ |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

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ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|----------|------------------------|
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |
| ___ / ___ / ___ | \$ _____ | _____ |

Comments: _____